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**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\***

This application is a CIP of 09/512,258 02/24/2000 PAT 6,302,853

*[Signature]*

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

*[Signature]*

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\***

**\*\* 10/16/2001**

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met	STATE OR  COUNTRY FL	SHEETS  DRAWING 6	TOTAL  CLAIMS 28	INDEPENDENT  CLAIMS 2
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Verified and Acknowledged *[Signature]* Allowance *[Signature]* Initials *[Signature]*

**ADDRESS**

22907  
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**TITLE**

Method and apparatus for sampling cervical tissue

<b>FILING FEE</b>  <b>RECEIVED</b> 507	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue )
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